



STATE OF CONNECTICUT
DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES
A Healthcare Service Agency

M. JODI RELL
GOVERNOR

THOMAS A. KIRK, JR., PH.D.
COMMISSIONER

ACCESS TO RECOVERY II
PROVIDER ALERT

DATE: February 6, 2009

SUBJECT: Buprenorphine Treatment Services

EFFECTIVE DATE: February 11, 2009

Year 2 of ATR's three-year grant started on September 30, 2008. DMHAS has done an extensive analysis to project expenditures for Year 2 and has determined that Buprenorphine treatment service (BTS) modifications are required at this time. These modifications are necessary to ensure that expenditures stay within the current grant year's budget allocation. DMHAS will continue to monitor expenditures closely and make additional programmatic changes as needed to comply with the budget allotments in Years 2 and 3 as stipulated by the federal government.

Effective February 11, 2009, the following measures will be implemented:

Service Recipient Discharges

All ATR contracted BTS providers must provide service recipient discharge dates to ATR via the Advanced Behavioral Health (ABH) web-based system. Service recipients who have not received services in 30 days should be discharged from BTS.

Service Recipient Authorizations

ABH will immediately end all authorizations for which there has been no billing activity in 30 days. (The timely filing limit for billing of BTS is 30 days).

Service Recipient Re-admissions

BTS are authorized for a maximum of 12 months (6 months initial/6 months continued stay) in ATR. Service recipients will not be automatically readmitted to BTS if they have been discharged from this level of care. Readmission approvals will be based on the service recipient's clinical presentation and previous treatment history. However, DMHAS has confidence that appropriate referrals will be made to other treatment services should re-admission to BTS be denied.



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Service Provider Caps

Each BTS provider will receive a DMHAS designated cap from ABH, which will specify the maximum number of service recipients that can be served at any point in time. Caps will be individualized and will be based on service recipient population density as well as the provider's geographical location. Providers will not be authorized for new service recipients until discharges are entered which put the provider below the set cap.

Additional questions may be addressed to Jennifer Hutchinson, the ATR Program Manager, at (860) 418-6829 or at Jennifer.Hutchinson@po.state.ct.us